

IAP9 Rec'd PCT/PTO 09 DEC 2009

Application Data Sheet**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	PEPTIDE ANALOGUES COMPRISING AT LEAST ONE TYPE OF AMINOACYL AZA-\$G(B)<SP>3</SP>AND THE USE THEREOF, IN PARTICULAR FOR THERAPY
Attorney Docket Number::	0508-1150
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	0
Total Drawing Sheets::	7
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: MICHELE
Middle Name::
Family Name:: BAUDY FLOC'H
Name Suffix::
City of Residence:: RENNES
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 2BIS, RUE MOREAU DE JONNES
Address::
City of Mailing Address:: RENNES
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-35000

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: OLIVIER
Middle Name::
Family Name:: BUSNEL
Name Suffix::
City of Residence:: FONTENAY
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing LA BOURRELIERE
Address::
City of Mailing Address:: FONTENAY

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-50140

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: SYLVIANE
Middle Name::
Family Name:: MULLER
Name Suffix::
City of Residence:: STRASBOURG
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 11, RUE BEETHOVEN
City of Mailing Address:: STRASBOURG
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-67000

Correspondence Information

Correspondence Customer Number:: 00466

Representative Information

Representative Customer Number::	00466
----------------------------------	-------

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/001467	6/11/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03/06992	6/11/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::